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|--|----------------------------------|--------------------------------|------------------------------|--------------------------|
| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0142-0442P |
| Application No. 10/644,024-Conf. #5340 | | Filing Date August 20, 2003 | Examiner D. H. Heckenberg | Art Unit 1722 |
| Applicant(s): Peter J. HOLLANDS et al. | | | | |
| Invention: METHOD AND DEVICE FOR MANUFACTURING PELLETS OF HOT-MELT INK | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 12 | - 20 = | | x |
| Independent Claims | 2 | - 3 = | | x |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): Extension for response within first month 120.00 | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 120.00 | | | | |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. 02-2448 in the amount of \$. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ 120.00 is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
| Dated: July 17, 2006 | | | | |
| Joseph A. Kolasch Attorney Reg. No.: 22,463 | | | | |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8012 | | | | |

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

| | | | |
|--------------------------------|---|--------------------------|--------------------------------|
| | | Complete if Known | |
| | | Application Number | 10/644,024-Conf. #5340 |
| | | Filing Date | August 20, 2003 |
| | | First Named Inventor | Peter J. HOLLANDS |
| | | Examiner Name | D. H. Heckenberg |
| | | Art Unit | 1722 |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 120.00 | Attorney Docket No. 0142-0442P |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|---|--------------------------------------|--------------------------------------|-------------------------------|--|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account | | Deposit Account Number: 02-2448 | | Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

| <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> |
|-----------------|------------------------------|
| 50 | 25 |
| 200 | 100 |
| 360 | 180 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
|--|---------------------|-----------------|----------------------|----------------------------------|
| 12 | - 20 = | x | = | |
| HP = highest number of total claims paid for, if greater than 20. | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | |
| 2 | - 3 = | x | = | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

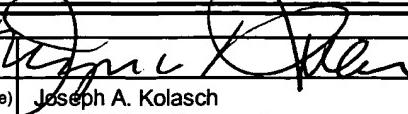
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| | | - 100 = /50 (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

| | | | |
|---------------------|---|--------------------------------------|---------------|
| SUBMITTED BY | | | |
| Signature |  | Registration No. (Attorney/Agent) | 22,463 |
| Name (Print/Type) | Joseph A. Kolasch | Date | July 17, 2006 |